## 3M GORSEINON ROAD RUNNERS Membership 2019 - 2020

Name			Date of Birth					
Address			Postcode					
Telephone Mobile Home								
Email Address								
Email Address								
Male / Female (delete as appropriate)								
ιναίο / Τοπιαίο (ασίστο αδ αμφισμιτατο)								
Do you have any disability, illness, allergy or special needs YES/NO (delete as appropriate – if YES please provide details)								
be you have any disability, filliness, allergy of special fleeds 120/110 (delete de appropriate 11/120 pleade provide details)								
	Emergency Contact 1	Emerg	ency Contact 2					
Name								
Number								
Relationship								
Membership Type		Tick as appropriate						
0 : 005 (14								
Senior - £35 (Meml								
Senior (Each addition	onal family member - partner, child, parent) - £25 (Member	ship fee	includes £17.50 Welsh					
Athletics membersh	ip)- Family discount only applies when all the family member	ers join a	at the same time					
Over 60 and Life Me								
18 – 20 year olds - £25 (Membership fee includes £10 Welsh Athletics membership)								
Linday 10. C10 (Malah Athlatica mambayahin aluh mambayahin ia fyas)								
Under 18 - £10 (Welsh Athletics membership, club membership is free)								

Signed Date

When you become a member of or renew your membership with 3M Gorseinon Road Runners you will automatically be registered as a member of Welsh Athletics. We will provide Welsh Athletics with your personal data which they will use to enable access to an online portal for you (called myATHLETICS). Welsh Athletics will contact you to invite you to sign into and update your MyATHLETICS portal (which, amongst other things, allows you to set and amend your privacy settings). Our privacy policy can be seen on our website at

http://3mgorseinonrr.co.uk/Docs/3M%20General%20Data%20Protection%20Policy%20%20Privacy%20Statement.pdf.

Please send your forms and cheque to:-Mike Prasad, 4 Heol y Garreg Wen, West Cross, Swansea, SA3 5RR

(please make cheques payable to **3M Gorseinon RR** or you may pay with cash – please do not send cash through the post but hand to the membership secretary or treasurer in person at a club session in a labelled sealed envelope).

 $Membership \ runs \ from \ 1_{st} \ Apr - 31_{st} \ Mar. \ New \ members \ joining \ during \ Jan-Mar \ membership \ will \ run \ until \ Apr \ the \ following \ year.$ 

## **3M GORSEINON ROAD RUNNERS**





## Physical Activity Readiness Questionnaire

Before your first training session please fill in your personal details and answer the health questions. For Health and Safety purposes the information on this form will be shared with the following club personnel; Coaches, membership secretary and welfare officers.

Please print your answers in the boxes provided

Name			Date of Birth					
Doctor Name	Surgery		Number					
Have you been told by your doctor that you suffer from any of the following								
Bone or joint problems brought on by exercise								
2. High blood pressure								
3. Low blood pressure								
4. Diabetes								
5. High cholesterol								
6. Heart conditions								
7. Have you suffered from unusual shortness of breath when resting with mild exertion?								
8. Is there any family history of heart disease?								
9. Do you often feel faint, have spells of dizziness or lost consciousness?								
10. Do you suffer from asthma? (If Yes - Please carry your inhaler inform the coaches where you keep it in training)								
If you have tick yes any of the above, please give details of the conditions, medications and approximate date cleared.								
If you have ticked yes one or more please take this form to your doctor and ask for clearance to exercise.  OR sign here if you have already been cleared of above conditions by your doctor.								
Declaration - Assumption of Risk								
I state that I have read, understood I answered honestly the questions above.								
I can confirm that I understand that my participation in 3M's running sessions is entirely at my own risk and should consult my Doctor if suffering from any condition that make running injurious to my health. I am aware that I must feel well prior to each session and should inform the coaches if I feel unwell at time during the session. I understand my participation and safety are my responsibility.								
Signed Date								